

State of Connecticut Department of Public Safety					
Division of State Police DPS-90-C (Rev. 04/03) CR	IMINAL IN	FORMATION	SUMMARY	ADDITION	IAL PAGES
TROOP/UNIT: TROOP I	OTHER INV	OLVED AGENCY:	NO YES,		
DATE: TIME: INVEST	IGATING TROOPE		DPS CASE NUMBER:	_	
2/11/04 2100 DETE	CTIVE TINA		DPS-04-00797	5	
LOCATION OF INCIDENT (STREET NAME AND	CITY/TOWN ONL	Y):			
LEET BANK, WATERBURY ROAD					
SUMMARY OF INCIDENT OR AFFIDAVIT:	☐ ARRE	ST MADE UNI	DER INVESTIGATION	ADDDCM W	THAGGAN
ACCUSED TURNED HIMSELF I	NTO TROOP	G IN BRIDGEP	ORT ON ACTIVE	AKK651	AKKAMI
FOR HIS INVOLVEMENT IN T	HE ROBBERY	OF THE FLEE	T BANK IN PRO	SPECT ON	2/10/04.
VICTIM:(DO NOT IDENTIFY ANY JUVENILE BY	NAME OR ADDRES	S - IF JUVENILE, WRITE	JUVENILE" IN THE NAME F	JUVENILE:	INJURED:
NAME / BUSINESS / AGENCY:	F ADDRESS: (TO	WN/CITY&STATE ONLY	,	☐ YES	☐ YES
				AGE:	□ NO.
NAME / BUSINESS / AGENCY:	F ADDRESS: (TO	WN/CITY&STATE ONLY)	JUVENILE: YES	· INJURED: ☐ YES
		4		AGE:	NO
NAME / BUSINESS / AGENCY:	F ADDRESS: (TO	WN/CITY&STATE ONL	7)	JUVENILE:	INJURED:
				AGE:	☐ YES
ARRESTED:(DO NOT IDENTIFY ANY JUVENIL	E = 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	BCCC IE HIVENII E WEI	TE "UIVENILE" IN THE NAM	E FIELD & "AGE"	N DOB FIELD)
ARRESTED:(DO NOT IDENTIFY ANY JUVENIL) NAME:	F DOB:	ADDRESS;	TE SOVEMEE IN THE PARTY		
TILLER, SHELTON		10/14/82 13	ROBIN SQUARE		
CHARGES:	COURT:	BOND:	. SURETY	INJUR	ED:
1. CONSPIRACY TO COMMIT	GA:	M CASH ☐ NON-SUR	ETY WPTA	AMBU	LANCE:
2. PORRERY FIRST	TOWN:	AMOUNT S:	500,000	HOSPI	S NO NO
3.	WATERBURY	TO BE PR	ESENTED AT COURT D DEPT OF CORRECTION		1.40
4. LARCENY THIRD	DATE:	Linonsi			
NAME:	I □ F DOB:	ADDRESS:		Linux	ED.
CHARGES:	COURT:	BOND:	☐ SURETY	INJUR	S NO
1.	GA:	□ NON-SUR		AMBU	LANCE:
2.	TOWN:	AMOUNT S:	AMOUNT S: TO BE PRESENTED AT COURT HOSPITAL:		TAL:
3.		· TRANST	TRANS TO DEPT OF CORRECTIONS @:		
4.	DATE:				
NAME:	1 ☐ F DOB:	ADDRESS			
CHARGES:	COURT:	BOND:	C superv	INJUE	ES □ NO
1.	GA:	CASH	RETY SURETY	AMBU	LANCE:
2.	TOWN.	AMOUNT \$		HOSP	ES NO
3.	TOWN:	TO BE P	RESENTED AT COURT O DEPT OF CORRECTION	1	
4.	DATE:				
NAME:	M DOB:	ADDRESS	:		
OILL DOES.	COURT:	BOND:		INJU	
CHARGES:	GA:	☐ CASH ☐ NON-SU	RETY SURETY	AMB	ES NO ULANCE:
2.		AMOUNT \$		D 1	ES 🔲 NO
3.	TOWN:	CT TO BE P	RESENTED AT COURT		PITAL:
4.	DATE:	☐ TRANS	TO DEPT OF CORRECTION	NAS @:	/
AUTONIO AND		V- ID:	#: 246	DATE: 2/1/	4
SUPERVISOR'S APPROVAL RECUIRED. INTERIOR INTERIOR AND					
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION OFFICE. FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE.					